

No. 2
-1/47
5-17-39

1547

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 4 1948
Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper Mo

(b) City or town Jewell City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jane-Clavin Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay. In hospital or institution 2 da
(Specify whether life or death)

In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper Mo

(c) City or town Jewell City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1325 Virginia
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Pearl S. Lowe

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1948 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 16 1948 to Jan 17 1948 that I last saw her alive on Jan 17 1948 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race wh

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Harold Lowe

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan 1 1910
(Month) (Day) (Year)

Immediate cause of death Auto Intoxication

Due to Toxicity of Blood

Due to Sudden Electrical Shock of Heart

Other conditions with Sanyamur Bavel 2 days

(Include pregnancy within 3 months of death)

8. AGE: Years 38 Months 0 Days 16

9. Birthplace Richmond Mo
(City, town, or county) (State or foreign country)

Major findings: 1 22 B

Of autopsy Sanyamur Bavel attached

PHYSICIAN Underline the cause of which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business

12. Name A. E. Cromer

13. Birthplace Henry Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Carter

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

Signature J. Jackson M.D. or other

Address Jewell Mo Date signed 1-18-48

16. (a) Informant Harold Lowe

(b) Address Jewell Mo

17. (a) Burial, cremation, or removal Burial (b) Date thereof 1-20-48
(Month) (Day) (Year)

(c) Place: burial or cremation Jewell Mo

18. (a) Signature of funeral director Jackson

(b) Address Jewell Mo

19. (a) JAN 20 1948 (b) A. E. Carter M.D.
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

Dr. Ennis
" Lawson

FEB 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Registered Apprentice No.

working under my personal supervision.

Signed W. H. Jackson

Licensed Embalmer No. 3954

P. O. Address Savoy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.